

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) PROGRESSIVE KICK INDEPENDENT EXPENDITURES		FEC IDENTIFICATION NUMBER ▼ C C00492595	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee Abar Hutton Media		Date M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2012	
Mailing Address 6190 Grovedale Court Suite 200		Amount 14920.50	
City Alexandria	State VA	Zip Code 22310	Transaction ID : SE.4345
Purpose of Expenditure TV Advertising	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELLE LUJAN GRISHAM		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44014.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Don Hoover & Associates		Date M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2012	
Mailing Address 1532 NW 143rd Street		Amount 2408.66	
City Edmond	State OK	Zip Code 73013	Transaction ID : SE.4347
Purpose of Expenditure Media Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELLE LUJAN GRISHAM		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44014.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		17329.16	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">JOSHUA GROSSMAN</p> <p>Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 24 / 2012</p>			